

Article 33 of the New York State Public Health Law requires that all losses of controlled substances be reported promptly. A copy of the report must be maintained for five years in accordance with Section 3370 of the Public Health Law.

This form is to be used to report all losses of controlled substances due to diversion (unknown, suspected, or possible).  
The completed form must be sent to:

NEW YORK STATE DEPARTMENT OF HEALTH  
BUREAU OF NARCOTIC ENFORCEMENT  
433 RIVER STREET, SUITE 303  
TROY, NY 12180-2299  
PHONE #1-866-811-7957

CENTRAL OFFICE USE ONLY

Incident Number \_\_\_\_\_

Reviewed by \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐

Referred for Investigation

**A. Report Information**

1. Business Name	3. Telephone Number (      )
2. Business Address	4. Article 33 License Number
City                      State                      Zip	5. DEA Number (if applicable)
County	Person Completing Report
Business Type : <input type="checkbox"/> Pharmacy <input type="checkbox"/> Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Nursing Home <input type="checkbox"/> Vet <input type="checkbox"/> Manufacturer	
<input type="checkbox"/> Distributor <input type="checkbox"/> Methadone Program <input type="checkbox"/> Other (specify) _____	

**B. Incident Description**

1. Date of Incident /      /	3. Incident Type: <input type="checkbox"/> Theft <input type="checkbox"/> Armed Robbery <input type="checkbox"/> Employee <input type="checkbox"/> Burglary <input type="checkbox"/> Customer                                      Pt. of entry _____ <input type="checkbox"/> Loss (unusable) <input type="checkbox"/> Missing <input type="checkbox"/> In-Transit Loss (complete Sec. C on page 2)
2. Time of Incident	
Reported to DEA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Reported to Law Enforcement? <input type="checkbox"/> YES <input type="checkbox"/> NO	Agency _____
	Telephone Number _____
	Report Number _____
	Copy Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO

Describe detailed circumstances. Attach additional pages as needed.

Do not send broken glass as proof of breakage to this bureau, the manufacturer or distributor.

### C. In-Transit Losses

Complete this section only if controlled substances were lost in transit. Note the loss on your inventory record and attach copies of pertinent documents.

1. Sender's Name	1. Shipper's Name
2. Sender's Street Address	2. Shipper's Street Address
City State Zip	City State Zip
3. Date Sender Notified of Loss	3. Date Sender Notified of Loss
4. Contact Name	4. Contact Name
5. Contact Telephone Number ( )	5. Contact Telephone Number ( )

#### D. Lost/Stolen Controlled Substance Listing

List the brand name of the controlled substances lost/stolen. For generic brands, include the manufacturer's name. (Attach additional sheets if necessary.)

[illegible]

Additional Information or Remarks:

Security measures taken to prevent future incidents:

## E. Certification

I certify that the information contained herein is correct to the best of my knowledge and belief.

Name (please print)	Article 33 License Number
Signature	DEA Number (if applicable)
Title	Professional License Number (if applicable)
Date	Telephone Number

False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal law of New York State.